

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
WHITE PLAINS DIVISION

IN RE

RACHEL W. DILLON

CHAPTER 13

DEBTOR

CASE NO. 16-22287

JUDGE: Robert D. Drain

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF New York)
)ss.:
COUNTY OF Suffolk)

I, David Spoerer, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Suffolk County, New York.

On April 1, 2016, I served a true copy of the financial packet and this Creditor Loss Mitigation Affidavit upon the following parties via (first class mail, facsimile or email) at the following addresses:

Debtor
Rachel W. Dillon
921 Palmer Road
Bronxville, NY 10708

Debtor Attorney
Anne J. Penachio
Penachio Malara LLP
235 Main Street
Sixth Floor
White Plains, NY 10601

Pursuant to that request, the Debtor must provide the following documents:

- A copy of the Debtor's two (2) most recent federal income tax returns;
- A copy of the Debtor's last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor;

Or, if Debtor is self employed:

A copy of the Debtor's business two (2) most recent months' Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses for the months of February and March 2016;

A copy of the mortgagee's completed financial worksheet;

Proof of second/third party income by Affidavit of the party, including the party's last two (2) paycheck stubs;

Other (please specify):

Please submit all Loss Mitigation documents to our office so that we may forward same along to our client to insure they are properly received.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: Bonnie Awosika _____

Title: Loss Mitigation Specialist _____

Phone Number: (703) 425-1204 _____

**KINDLY REMIT ALL FINANCIAL DOCUMENTS TO DEBORAH CALLAHAN AT
DCALLAHAN@LOGS.COM**

Please be advised that the Creditor designates the following person to be its attorney office contact for Loss Mitigation on this loan:

Name: Deborah Callahan

Title: Bankruptcy Paralegal

Phone Number: (631) 844-9611 x 3032

Firm: Shapiro, DiCaro & Barak, LLC

Address: One Huntington Quadrangle, Suite 3N05

City: Melville State: NY Zip Code: 11747

Phone No.: (631) 844-9611 Facsimile No.: (631) 844-9525

Dated: April 1, 2016

Melville, New York



David Spoerer
Bankruptcy Paralegal
SHAPIRO, DICARO & BARAK, LLC
Attorneys for Congressional FCU
One Huntington Quadrangle
Suite 3N05
Melville, NY 11747
Telephone: (631) 844-9611
Fax: (631) 844-9525

Subscribed and sworn to before me
this 1st day of April, 2016.
Deborah Callahan, Notary Public
(Signature Required)

State of New York

My Commission expires:

(Notary Stamp/Seal or expiration date required)

DEBORAH CALLAHAN
Notary Public, State of New York
Registration No. 01-CA6278202
Qualified in Suffolk County
Commission Expires 3/18/2017



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Dear Member:

In order to determine if your loan can be modified, it is necessary for you to provide the following documentation so that we can better understand your current financial situation. Please return a complete package with as much detail as possible which will allow us to review your request in a timely manner. We will make every effort to help with your particular situation.

The enclosed Modification Package will provide you with detailed instructions required to submit a request for modification.

The Modification Package includes:

- Modification Information/Affidavit
- Proof of Income (30 day paystubs, Profit and Loss, Rental Agreement, Social Security Award letter, Pension Award Letter, etc...)
- List of Required Documentation (3 months most recent bank statements, budget/expense sheet, and 2013 and 2014 tax returns, all pages)
- Explanation of the review process
- Uniformed Residential Loan Application (please complete thoroughly)
- IRS Form 4506-T, Request for Transcript of Tax Returns
- **Hardship Letter (you must write a separate letter)**

The review process of your completed modification package can take up to 90 days. During this time it is imperative that you continue to make the monthly payments on your mortgage.

In the event that your request is approved, the modification fee can range between \$500 - \$1000, depending on the level of your hardship. If your request is approved, the modification fee and any outstanding escrows must be paid in full before the modification becomes effective.

Please return the required documentation as soon as possible so we may begin processing your request. If you have any questions while completing this package, feel free to contact the Servicing Department at 1-800-231-8855 Ext. 172.

Sincerely,

Robert Stark

Loss Mitigation Department



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Credit Union Mortgage Association Modification Information / Affidavit

CUMA Loan Number: _____ **Date:** _____

Borrower Information: Please complete for *each borrower* on the original Note.

Primary Borrower:

Name: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Co-Borrower:

Name: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Co-Borrower:

Name: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Property Information:

Property Address: _____

Mailing Address: _____

Current Occupancy Status:

I currently live in the home The house is vacant
 This is a second home This is a rental property

Monthly Rent: _____



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Please check all statements that apply with regards to the property:

The property is currently listed for sale
 I am considering selling the property and I estimate the value to be:

 I am willing to do whatever is necessary to retain ownership of my home.
 I am not interested in remaining in the home.

Please check all statements that apply with regards to the reason you are requesting a modification and provide a detailed explanation on the next page:

I did not qualify for a refinance due to the following reasons: low credit scores or no equity in property.
 I do not want to pay any closing costs associated with a refinance.

Property Taxes:

Are all property taxes current? Yes No Unsure
If no, what is the delinquent amount? _____

Homeowner Association:

My property is in a Homeowner Association? Yes No
Annual Dues are: \$ _____
Dues are current? Yes No
If no, what is the delinquent amount? _____

Explanation of Request to Modify:

What change in the terms of your mortgage would you like CUMA to consider?

How would this change in the terms of your mortgage help you to continue making your mortgage payments on time?



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Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify that all the information in this Affidavit is truthful and the event(s) indentified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge Credit Union Mortgage Association may investigate the accuracy of my/our statement, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand Credit Union Mortgage Association will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Modification Affidavit, or if I/we do not provide all of the required documentation, Credit Union Mortgage Association may cancel the Agreement and may pursue foreclosure of my/our home.
5. I/we certify that I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication by Credit Union Mortgage Association in a timely manner.
7. I/we understand that Credit Union Mortgage Association will use this information to evaluate my/our eligibility for a loan modification or other workout, but Credit Union Mortgage Association is not obligated to offer me/us assistance based solely on the representations in this Affidavit.
8. I/we authorize and consent to Credit Union Mortgage Association disclosing to my Credit Union any information provided by me/us or retained by Credit Union Mortgage Association in connection with the request for modification of the mortgage due to non-hardship.

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____



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Required Documentation: Please review the following list of required documentation and submit all necessary items for each borrower listed on the Modification Information / Affidavit:

1. Documentation to verify all of the income for each borrower (including any alimony or child Support that you choose to rely upon to qualify).

For each borrower who is a salaried employee:

- Copy of the most recent filed federal tax return with all schedules; and
- Copy of the three most recent paystubs.

For each borrower who is self-employed:

- Copy of most recent filed federal tax return with all schedules; and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as social security, disability or death benefits, pension, public assistance, or unemployment:

- Copy of most recent federal tax return with all schedules and W-2 copies OR copies of two most recent bank statements showing deposits of the income.
- Copy of benefits award statement or letter from the provider that states the amount, frequency and duration of the benefit.

For each borrower that has rental income:

- Copies of most recent two years filed federal tax returns with all schedules, including Schedule E – Supplemental Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.
- Rental Agreement
- 3 Month Bank statements showing rental deposits

If you have other types of income, or cannot locate the documentation listed above, please contact our Loss Mitigation Department at 1-800-231-8855 Ext. 172.



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Checklist:

- ✓ 1. Fully completed the Modification Information / Affidavit with detailed explanation of indicated hardships,
- ✓ 2. A signed and dated Uniform Residential Loan Application (Form 1003), and
- ✓ 3. A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower. Borrowers who file their tax returns jointly may send in one IRS 4506-T signed and dated by both joint filers.

***** ***Credit Report will be obtained, if deemed necessary.***

Please keep a copy of all documents provided to CUMA for your records. Do not send original documentation as copies are acceptable. Once all the required documentation has been gathered, please forward it to:

**Credit Union Mortgage Association
Modification Department
10800 Main St.
Fairfax, VA 22038**

Explanation of the Review Process

Please read this section carefully to understand what you can expect from this process:

1. Complete the Modification Package and submit all documentation requested in the Required Documentation section.
 - a. Processing of your request cannot begin until all documentation is received.
 - b. If your Modification Package is still incomplete within 35 days of this letter, your request for assistance will be withdrawn and you will have to begin the process again.
2. Once CUMA has received all of your documentation and verified your information, your Modification Package will be sent to a Review Board to determine if a modification of loan terms is merited and is in the best interest of you, your credit union, and any other third party investors.
 - a. Please note that it may take up to 60 days for the Review Board to reach a decision.



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3. Written notification will be sent to you detailing the decision of the Review Board.
 - a. If the modification request is approved, a final modification document will be mailed to you for your signature. The letter will detail the terms of the modification; to include payment amount, payment date and any contribution required on your behalf.
 - b. If the modification request is denied, Credit Union Mortgage Association will work to explore any additional options available to help you keep your home or to ease your transition to a new home.
4. If you are currently behind on your mortgage payments, please be aware that Credit Union Mortgage Association will continue efforts to collect amounts due on your loan while your request is under consideration.
 - a. You should continue to make your monthly payments when they become due, unless we have previously refused your payments.
 - b. You will likely continue to receive collection letters or notices for past due payments and any delinquencies will still be reported to the credit bureaus.
 - c. Any scheduled foreclosure sale will not occur pending determination of the modification. However, if you fail to comply with the terms of the Loan Modification and do not make other arrangements with Credit Union Mortgage Association, your loan will be enforced according to its original terms. This could include foreclosure.

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► Do not sign this form unless all applicable lines have been completed.

Read the instructions on page 2.

OMB No. 1545-1872

► Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days.

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript**. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested**. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
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Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

Expenses

Household expenses are categorized into **essential** and **variable**. For all categories, enter the monthly amount you spend. Many of the expenses fluctuate each month and will need to be averaged. Other expenses may be periodic (such as insurance, vehicle registration and taxes). Calculate the annual amount and divide by 12.

ESSENTIAL LIVING EXPENSES:

HOUSING	Monthly Payment
Rent/Mortgage	
2nd Mortgage	
HOA (Association dues)	
Property Taxes	
Homeowner's Insurance	
Renter's Insurance	
Gas/Electric (average)	
Water/Sewer/Garbage	
Cable/Satellite	
Telephone	
FOOD	Monthly Payment
Groceries/Household Items	
At Work/School	
MEDICAL	Monthly Payment
Health Insurance (dental/vision)	
Prescriptions/Doctor Visits	
TRANSPORTATION	Monthly Payment
Car Payment #1	
Car Payment #2	
Gasoline	
Maintenance/Repairs	
Auto Insurance	
Auto Registration	
Tolls/Parking/Bus	
CHILDCARE	Monthly Payment
Daycare/Sitting	
Alimony/Child Support	
EDUCATION	Monthly Payment
Tuition/Lessons	
Student Loans	
MISCELLANEOUS	Monthly Payment
Taxes (monthly repayment)	
Life Insurance	
Union Dues	
Storage Fees	
Other	
Other	

VARIABLE EXPENSES

PERSONAL	Monthly Payment
Beauty/Barber	
Other	
ENTERTAINMENT	Monthly Payment
Movie/Video	
Dining Out	
Sports/Hobbies/Clubs/Gym	
Vacations/Travel	
Reading Material/Music	
Other	
CLOTHING	Monthly Payment
Purchases	
Laundry/Dry Cleaning	
HOME CARE	Monthly Payment
Maintenance/Cleaning	
Pool Service/Gardening	
Monitored Alarm	
MISCELLANEOUS	Monthly Payment
Gifts	
Pet Care	
Pager/Cell Phone	
Banking Fees/Postage	
Cigarettes/Alcohol	
Computer/Online Fees	
Religious/Charity	
Other	
Other	
Other	

For yearly expenses, divide the total figure by 12 to get the monthly payment.

Assets

INCOME	Gross	Net
Income Source/Employer		
Second Income Source/Employer		
Retirement/Pension		
Child Support		
Social Security		
Food Stamps		
Other Income		
Other Income		
Total Monthly Income		

For income,
take home or
"net income" is
most important
in this section.

PROPERTY	Present Value	Amount Owed	Monthly Payment
Mortgage			
Second Mortgage			
Car Payment			
Second Car Payment			

ASSETS & LIABILITIES	Present Value	Amount Owed	Monthly Payment
Boat			
Property / Land			
Timeshare			
401(k) - 403(b) Loan			
Other			
Other			

INVESTMENTS	Present Value	Monthly Contribution
401(k) - 403(b)		
Savings		
IRA		
Stocks / Mutual Funds		
Other		
Other		

Don't forget to
include your
payroll deducted
401(k) - 403(b)
contributions.

Current Debts

Name of Creditor	Account Number	Current Balance	Current Payment	Interest Rate	Months Late
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) information on the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) information concerning other liens, if any, on your property.

On Page 2 you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506-T; (3) required income documentation, and (4) required hardship documentation.

Loan I.D. Number _____ (usually found on your monthly mortgage statement)

I want to: Keep the Property Sell the Property

The property is currently: My Primary Residence A Second Home An Investment Property

The property is currently: Owner Occupied Renter occupied Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Total monthly amount: \$ _____ Name and address that fees are paid to: _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Filing Date: _____ Bankruptcy case number: _____	

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets (associated with the property and/or borrower(s))	
Monthly Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments*	\$	Other Cash on Hand	\$
Rents Received	\$	Car lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other _____	\$	Other _____	\$		\$
Total (Gross income)	\$	Total Debt/Expenses	\$	Total Assets	\$
Lien Holder's Name		Balance / Interest Rate		Loan Number	

Required Income Documentation

<input type="checkbox"/> Do you earn a wage? For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub that reflects at least 30 days of year-to-date earnings for each borrower.	<input type="checkbox"/> Are you self-employed? For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity
<input type="checkbox"/> Do you have any additional sources of income? Provide for each borrower as applicable: "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime: <ul style="list-style-type: none"> <input type="checkbox"/> Reliable third-party documentation describing the nature of the income (e.g., employment contract or printouts documenting tip income). Social Security, disability or death benefits, pension, public assistance, or adoption assistance: <ul style="list-style-type: none"> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. Rental income: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. Investment income: <ul style="list-style-type: none"> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. Alimony, child support, or separation maintenance payments as qualifying income:* <ul style="list-style-type: none"> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment. 	
*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.	

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

(provide a written explanation with this request describing the specific nature your hardship)

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began is: _____

I believe that my situation is:

- Short term (under 6 months)
- Medium term (6 – 12 months)
- Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply and submit required documentation demonstrating your hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Underemployment	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court OR <input type="checkbox"/> Separation agreement signed by the court OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability OR <input type="checkbox"/> Medical bills OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none">• Bankruptcy filing for the business; or• Two months recent bank statements for the business account evidencing cessation of business activity; or• Most recent signed and dated quarterly or year-to-date profit and loss statement

UNIFORM BORROWER ASSISTANCE FORM

Borrower/Co-Borrower Acknowledgement and Agreement

1. I certify that all of the information in this Borrower Assistance Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I certify that my property has not received a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I agree that any prior waiver as to my payment of escrow items to Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
13. If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan, and (c) companies that perform support services in conjunction with Making Home Affordable.
14. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

Borrower Signature

Date

Co-Borrower Signature

Date